Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| Application No. | 10/553,259 |
|----------------------|-----------------|
| Confirmation No. | 1773 |
| Filing Date | July 24, 2006 |
| First Named Inventor | Ewald Schneider |
| Group Art Unit | 4171 |
| Examiner Name | Atnaf S. Admasu |
| Attorney Docket No. | 239098 |
| Client Reference No. | 059P 1474 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

| 1. Submission required under 37 CFR 1.114 | | | | | | | | | | | |
|---|---|--|--------------------|-----------|----------------------|-----------------|---------------|---------------------------|-------------|-------------------|------------|
| í | a. Previously submitted | | | | | | | | | | |
| | i. | Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.) | | | | | | | | | |
| | ٠ | _ | (Any unent | ered amei | ndment(s) reter | red to above v | will be enter | rea.) only Briof provi | ouely file | d on | |
| | ii. | 닏 | | tne arg | uments in th | e Appear b | one or Ke | eply Brief previ | ously life | u on | |
| | iii. | | Other: | | | | | | | | |
| | o. 🖂 | | nclosed 〗Amendm | ont/Don | Jvz | | iv. | ☐ Form PTO | -1449 | | |
| | i. ii. | F | Affidavit(| | | | V. | | | es listed in For | m PTO-1449 |
| | 11. | L. |] Allidavit(| 3)/Decie | iration(3) | | •• | | | and applications) | |
| | iii. | |] Informati | on Discl | osure Stater | ment (IDS) | vi. | ☐ Other: | | | |
| 2. | 2. Miscellaneous | | | | | | | | | | |
| | a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period | | | | | | | c) for a period | | | |
| | | 0 | | | | | | nths; fee under 37 | 7 CFR 1.17 | (i) required.) | |
| | b. 🗀 |) A | pplicant clai | ims sma | III entity statu | ıs. See 37 | CFR 1.2 | .7 | | | |
| | c. 🗀 |] C | ther: | | | | | | | | |
| 3. I | ees | - Th | e RCE fee | under 3 | 7 CFR 1.17(| e) is require | ed by 37 | CFR 1.114 wh | en the R | CE is filed. | |
| | a. 🗵 | (P | lease charg | e Depo | sit Account Ì | No. 12-121 | 6 in the to | otal amount ind | dicated b | elow. | |
| | i. | _ D | RCE fee | of \$810 | .00 (large er | ntity) require | ed under | 37 CFR 1.17(6 | e) | | \$810.00 |
| | | | | | | | | \$ 0.00 | | | |
| | iii. An extension for has already been secured and the fee paid therefor of | | | | | | | | | | |
| | | _ | - \$ 0.00 is | deducte | ed from the t | otal fee due | e for the t | total amount of | f extension | n now | |
| | | | requeste | | | | | | | | |
| | iv | ·. 🛭 | Petition f | or an ex | tension of ti | me (includi | ng the pe | eriod noted abo | ove, if ch | ecked), as | |
| | | | well as fo | or any a | dditional per | iod necess | ary to rer | nder the prese | nt submis | ssion timely. | |
| | | | Please c | harge D | eposit Acco | unt No. 12- | -1216 for | the appropriat | e petition | tee. | # 0.00 |
| | ٧. | . [| | ion of a | ction fee of \$ | 3130.00 (37 | 7 CFR 1.1 | 17(i)) | | | \$ 0.00 |
| | vi | i. [| Other: | | | | | | | | |
| | vi | ii. [| Claim fee | 9 | | | | | | | |
| | | | CLAIMS | | HIGHEST | - | | An-1. | | Add'L | |
| | | | REMAINING | | Number Previously | EXTRA CLAIMS | | ADD'L CLAIM | | CLAIM | |
| CLA | м F EE | . | AFTER AMENDMENT | | PAID FOR | PRESENT | RATE | FEE | RATE | FEE | |
| TOTA | | - | 18 | Minus | 20 | = 0 | x 26 = | \$0.00 | x 52 = | \$0.00 | |
| | | =NT | 3 | Minus | 3 | = 0 | x 110 = | | x 220 = | \$0.00 | |
| INDEPENDENT 3 MINUS 3 = 0 x 110 = \$0.00 x 220 = \$0.00 | | | | | | | | | | | |
| Total amount to be charged to Deposit Account | | | | | | \$810.00 | | | | | |
| b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to | | | | | | | | | | | |
| 1 | credit any overpayments to Deposit Account No. 12-1216. | | | | | | | | | | |

In re Application of Ewald Schneider Application No. 10/553,259

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | | | | | | |
|--|--|--------------------------------------|--|--|--|--|--|--|
| Name (Print/Type) | Salim A. Hasan | Registration No. (Attorney/Agent) | 38,175 | | | | | |
| Signature | | Date | May 28, 2009 | | | | | |
| Address | Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731 | Phone | (312) 616-5600 (telephone) (312) 616-5700 (facsimile) | | | | | |